

# **JOB AID: BASIC FOOD PACKAGE DESCRIPTIONS**

07/23/04 rev.:

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## **Background**

Integrated Statewide Information System (ISIS) food packages are specific to participant category. These food packages are made up of food instruments.

To better meet the nutritional needs of the participant, each participant category has several food packages to select from.

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## **Purpose**

To define the base food packages and the food items within each package.

Many of these food packages have one or two food items that can be replaced by other foods (e.g., peanut butter for beans). Different packages may also be selected depending upon the participants' preference. The standard food items listed here are referred to as "default" food items. Default food items are indicated by (a), (b), or (c) next to the food item number. ISIS will provide the default food item unless the user selects another option. For example, beans (B), peanut butter (P), or alternate beans/peanut butter (A) are possible options, but beans is the default food item.

The juice questions require the following process:

- User must answer the first juice question (enter F-Frozen or B-Bottled) before choosing a flavor of juice.
- If an answer is not entered to the first juice question an error message will appear **"You must enter frozen or bottled before choosing a flavor of juice."**
- At the **"What flavor(s) of juice do you want?"** question field press F-4 "Option". Depending on the answer to the first juice question, a screen for frozen or bottled juice list will appear. Place the cursor on the desired juice flavor choice, then press enter. The participant may choose 1 or 2 flavors of juice. **The user must enter at least 1 juice flavor.** The user may also enter the appropriate ISIS code of the participant's juice choice(s) without using the F-4 Option.
- Infants receive only 1 container if they choose bottled juice and 2 containers of juice if they choose frozen juice. If the participant chooses bottled juice and the user enters 2 juice choices, an error message will display **"You may only choose 1 juice flavor for bottled juice with this prescription."**

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## **Purpose** **(Continued)**

**Note:** If a participant chooses only 1 flavor of juice, he/she will receive all juice choices on 1 check. If a participant chooses 2 flavors of juice and receives an odd number of containers of juice, he/she will receive more of the most popular flavor of juice, based on statewide retail purchasing data (e.g., if they choose apple and pineapple and receive 3 cans, they will receive 2 cans of apple and 1 can of pineapple). If a participant chooses 2 flavors of juice and receives an even number of containers of juice, they will receive 2 checks for an equal number of containers of the 2 juice choices.

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## **Contents**

1. A food package table is organized by participant category and identifies the following:
    - a. Food Package I.D.,
    - b. Food Package Name,
    - c. Food Item Number,
    - d. Number of Food Instruments, and
    - e. Basic/Default Food Package Descriptions.
  2. A food item table dated July 12, 2004.
  3. A list of formulas for medical conditions that are categorized according to the source of payment and the participant category.
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**CATEGORY: PREGNANT**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
PS	Pregnant, Standard	002 003 900  231(b) 301 425(a)	1 1 1  1 1 1	Milk - fl/dry/evap - 1 _ gal Milk - fl/dry/evap - 2 gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
PSL	Pregnant, Standard, <i>Low Lactose</i>	005 006 901  231(b) 301 425(a)	1 1 1  1 1 1	Lactose Free Milk/Acidophilus -1 _ gal Lactose Free Milk/Acidophilus - 2 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
PBE	Pregnant and Exclusively Breastfeeding	002 003 900  232(b) 301 426(a) 910	1 1 1  1 1 1 1	Milk - fl/dry/evap - 1 _ gal Milk - fl/dry/evap -2 gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 2 lb dry Cheese - 1 lb Carrots - 2 lb Tuna - 4 cans (6 oz)
PBEL	Pregnant and Exclusively Breastfeeding, <i>Low Lactose</i>	005 006 901  232(b) 301 426(a) 910	1 1 1  1 1 1 1	Lactose Free Milk/Acidophilus - 1 _ gal Lactose Free Milk/Acidophilus - 2 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 2 lb dry Cheese - 1 lb Carrots - 2 lb Tuna - 4 cans (6 or 6 1/8 oz)

**FOOTNOTES:**

- Indicates the food item number for the “default” food or formula.
- Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

\*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)

**CATEGORY: PREGNANT**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
PH	Pregnant, <i>Homeless</i>	10 100 265(b) 301 402  428	11 2 6 1 1  2	Milk - fl/evap - _ gal Cheese - 1 lb block Juice - bottled, as selected Cereal - 36 oz Peanut Butter - 1 jar (18 –24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz)
PFCS	Pregnant, Needing Formula - Contract	228(b) 301 728(a) 729(a)	1 1 1 1	Juice - as selected Cereal - 36 oz Formula - 4 cans powdered Similac Advance Formula - 5 cans powdered Similac Advance
PON	Pregnancy Over, Non-Breastfeeding	001 002 900  229(b) 301	1 1 1  1 1	Milk -fl/dry/evap -1 gal Milk -fl/dry/evap –1 _ gal Milk - fluid only - 2 gal Cheese - 2 lb bock Eggs - 2 doz Juice - as selected Cereal - 36 oz
PONL	Pregnancy Over, Non- Breastfeeding, <i>Low Lactose</i>	004 005 901  229(b) 301	1 1 1  1 1	Lactose Free Milk/Acidophilus – 1 gal Lactose Free Milk/Acidophilus – 1 _ gal Lactose Free Milk/Acidophilus – 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz

**FOOTNOTES:**

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**CATEGORY: BREASTFEEDING**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
BE	Breastfeeding, Exclusively	002 003 900  232(b) 301 426(a) 910	1 1 1  1 1 1 1	Milk - fl/dry/evap –1 _ gal Milk - fl/dry/evap -2 gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 2 lb dry Cheese - 1 lb Carrots - 2 lbs Tuna - 4 cans (6 or 6 1/8 oz)
BEL	Breastfeeding, Exclusively <i>Low Lactose</i>	005 006 901  232(b) 301 426(a) 910	1 1 1  1 1 1 1	Lactose Free Milk/Acidophilus – 1 _ gal Lactose Free Milk/Acidophilus - 2 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 2 lb dry Cheese- 1 lb Carrots - 2 lb Tuna - 4 cans (6 or 6 1/8 oz)
BEH	Breastfeeding, Exclusively <i>Homeless</i>	010 100 265(b) 301 402  428 500 450	11 3 7 1 2  2 2 2	Milk - fl/evap - _ gal Cheese - 1 lb block Juice - bottled, as selected Cereal - 36 oz Peanut Butter - 1 jar (18-24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz) Tuna – 2 cans (6 or 6 1/8 oz) Carrots - 1 lb

**FOOTNOTES:**

- Indicates the food item number for the “default” food or formula.
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- Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

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**CATEGORY: BREASTFEEDING**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
BC1	Breastfeeding and Formula Combination 1	002 003 900  231(b) 301 425(a)	1 1 1  1 1 1	Milk - fl/dry/evap-1 _ gal Milk - fl/dry/evap -2 gal Milk - fluid only- 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
BC1L	Breastfeeding and Formula Combination 1, <i>Low Lactose</i>	005 006 901  231(b) 301 425(a)	1 1 1  1 1 1	Lactose Free Milk/Acidophilus – 1 _ gal Lactose Free Milk/Acidophilus – 2 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
BC2	Breastfeeding and Formula Combination 2	001 002 900  229(b) 301	1 1 1  1 1	Milk - fl/dry/evap - 1 gal Milk - fl/dry/evap - 1 _ gal Milk – fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice – as selected Cereal - 36 oz
BC2L	Breastfeeding and Formula Combination 2, <i>Low Lactose</i>	004 005 901  229(b) 301	1 1 1  1 1	Lactose Free Milk/Acidophilus –1 gal Lactose Free Milk/Acidophilus –1 _ gal Lactose Free Milk/Acidophilus – 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz

**FOOTNOTES:**

- Indicates the food item number for the “default” food or formula.
- Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

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**CATEGORY: BREASTFEEDING**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
BCH	Breastfeeding Combination, <i>Homeless</i>	010 100 265(b) 301 402  428	11 1 6 1 1  2	Milk - fl/evap - _ gal Cheese - 1 lb block Juice - bottled, as selected Cereal - 36 oz Peanut Butter - 1 jar (18-24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz)
BFCS	Breastfeeding, Needing Formula -Contract	228(b) 301 728(a) 729(a)	1 1 1 1	Juice - as selected Cereal - 36 oz Formula - 4 cans powdered Similac Advance Formula - 5 cans powdered Similac Advance

**FOOTNOTES:**

- a. Indicates the food item number for the “default” food or formula.
- b. Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- c. Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

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**CATEGORY: NON-BREASTFEEDING**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
NS	Non-Breastfeeding, Standard	001 002 900  229(b) 301	1 1 1  1 1	Milk – fl/dry/evap – 1 gal Milk – fl/dry/evap – 1 _ gal Milk – fluid only – 2 gal Cheese – 2 lb block Eggs – 2 doz Juice – as selected Cereal – 36 oz
NSL	Non-Breastfeeding, Standard, <i>Low Lactose</i>	004 005 901  229(b) 301	1 1 1  1 1	Lactose Free Milk/Acidophilus – 1 gal Lactose Free Milk/Acidophilus – 1 _ gal Lactose Free Milk/Acidophilus – 2 gal Cheese – 2 lb block Eggs – 2 doz Juice – as selected Cereal – 36 oz
NH	Non-Breastfeeding, <i>Homeless</i>	010 100 265(b) 300 428	9 1 4 1 2	Milk - fl/evap - _ gal Cheese - 1 lb block Juice - bottled, as selected Cereal - 36 oz Beans - 2 cans (14-16 oz)
NFCS	Non-Breastfeeding, Needing Formula - Contract	228(b) 301 728(a) 729(a)	1 1 1 1	Juice - as selected Cereal - 36 oz Formula - 4 cans powdered Similac Advance Formula - 5 cans powdered Similac Advance

**FOOTNOTES:**

- Indicates the food item number for the “default” food or formula.
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- Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

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**CATEGORY: INFANT**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
IBE	Infant, Breastfed Exclusively			Breastfed exclusively (No package for infants)
IBEC	Infant, Breastfed Exclusively, Cereal	560	1	Infant Cereal – Gerber Only
IBEJ	Infant, Breastfed Exclusively, Cereal + Juice	265(b) 560	1 1	Juice - as selected Infant Cereal – Gerber Only
ICC	Infant, Breastfed+ Formula – Contract (0-4 months)	725(a)	1	Formula - 1 can powdered Similac Advance
ICCC	Infant, Breastfed+ Formula – Contract, Cereal	560 725(a)	1 1	Infant Cereal – Gerber Only Formula - 1 can powdered Similac Advance
ICCCJ	Infant, Breastfed + Formula – Contract, Cereal + Juice	265(b) 560 725(a)	1 1 1	Juice - as selected Infant Cereal – Gerber Only Formula - 1 can powdered Similac Advance
ICO	Infant, Breastfed + *FMC (0-4 months)			Prescribed formula provided by <b>other</b> (i.e.,Alimentum Advance) Rx required. See List #1
ICOC	Infant, Breastfed + *FMC, Cereal	560	1	Infant Cereal – Gerber Only Prescribed formula provided by <b>other</b> (i.e.,Alimentum Advance) Rx required. See list #1
ICOJ	Infant, Breastfed + *FMC, Cereal + juice	265(b) 560	1 1	Juice – as selected Infant Cereal – Gerber only Prescribed formula provided by <b>other</b> (i.e.,Alimentum Advance) Rx required. See list #1
ICS	Infant, Breastfed + *FMC (0 -4 months)	Shipped to local agency		Prescribed formula provided by <b>WIC</b> . Rx required. See list #3
ICSC	Infant, Breastfed + *FMC, Cereal	560 Shipped to local agency	1	Infant Cereal - Gerber Only Prescribed formula provided by <b>WIC</b> . Rx required. See list #3
ICSJ	Infant, Breastfed + *FMC, Cereal + Juice	265(b) 560 Shipped to local agency	1 1	Juice – as selected Infant Cereal - Gerber Only Prescribed formula provided by <b>WIC</b> . Rx required. See list #3

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**CATEGORY: INFANT**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
ICT	Infant, Breastfed + *FMC (0-4 months)	863(c)	3, 4 or 5	Prescribed formula - as provided on <b>WIC Food Instruments</b> (i.e., Alimentum Advance) Rx Required. See list #2
ICTC	Infant, Breastfed + *FMC, Cereal	560 863(c)	1 3, 4 or 5	Infant Cereal - Gerber Only Prescribed formula - as provided on <b>WIC Food Instruments</b> (i.e., Alimentum Advance) Rx Required. See list #2
ICTJ	Infant, Breastfed+ *FMC, Cereal + Juice	265(b) 560 863(c)	1 1 3, 4 or 5	Juice – as selected Infant Cereal - Gerber Only Prescribed formula - as provided on <b>WIC Food Instruments</b> (i.e., Alimentum Advance) Rx Required. See list #2
IFC	Infant, Formula fed, Contract (0-4 months)	730(a)	1	Formula - 9 cans powdered Similac Advance
IFCC	Infant, Formula fed, Contract Cereal	560 730(a)	1 1	Infant Cereal - Gerber Only Formula - 9 cans powdered Similac Advance
IFCJ	Infant, Formula fed, Contract, Cereal + Juice	265(b) 560 730(a)	1 1 1	Juice - as selected Infant Cereal - Gerber Only Formula - 9 cans powdered Similac Advance
IFO	Infant, *FMC fed (0-4 months)			Prescribed formula provided by <b>other</b> (i.e., Alimentum Advance) Rx required. See list #1
IFOC	Infant, *FMC fed, Cereal	560	1	Infant Cereal – Gerber Only Prescribed formula provided by <b>other</b> (i.e., Alimentum Advance) Rx required. See list #1
IFOJ	Infant, *FMC fed, Cereal + Juice	265(b) 560	1 1	Juice – as selected Infant Cereal – Gerber only Prescribed formula provided by <b>other</b> (i.e., Alimentum Advance) Rx required. See list #1

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FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
IFS	Infant, *FMC fed (0 -4 months)	Shipped to local agency		Prescribed formula provided by <b>WIC</b> . Rx Required. See list #3
IFSC	Infant, *FMC fed, Cereal	560 Shipped to local agency	1	Infant Cereal – Gerber Only Prescribed formula provided by <b>WIC</b> . Rx Required. See List #3
IFSJ	Infant, *FMC fed, Cereal + Juice	265(b) 560 Shipped to local agency	1 1	Juice – as selected Infant Cereal – Gerber only Prescribed formula provided by <b>WIC</b> . Rx Required. See list #3
IFT	Infant, *FMC fed (0-4 months)	863(c)	3, 4 or 5	Prescribed formula – as provided on <b>WIC Food Instruments</b> (i.e., Alimentum Advance) Rx Required. See list #2
IFTC	Infant, *FMC fed, Cereal	560 863(c)	1 3, 4 or 5	Infant Cereal – Gerber Only Prescribed formula – as provided on <b>WIC Food Instruments</b> (i.e., Alimentum Advance) Rx Required. See list #2
IFTJ	Infant, *FCM fed, Cereal + Juice	265(b) 560 863(c)	1 1 3, 4 or 5	Juice – as selected Infant Cereal - Gerber Only Prescribed formula - as provided on <b>WIC Food Instruments</b> (i.e., Alimentum Advance) Rx Required. See list #2
IT	Infant Toddler (During month of first birthday)	001 900  228(b) 300 425(a)	1 1  1 1 1	Milk -fl/dry/evap - 1 gal Milk –fluid only 2 gal Cheese - 2 lb block Eggs – 2 doz Juice – as selected Cereal – 36 oz Beans – 1 lb dry
ITI	Infant Toddler (During month of first birthday), <i>Increased Food</i>	001 002 900  231(b) 300 425(a)	1 1 1  1 1 1	Milk - fl/dry/evap - 1 gal Milk - fl/dry/evap - 1 _ gal Milk – fluid only - 2 gal Cheese - 2 lb block Eggs – 2 doz Juice – as selected Cereal – 36 oz Beans – 1 lb dry

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FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
ITL	Infant Toddler (In month of first birthday), <i>Low Lactose</i>	004  901  228(b) 300 425(a)	1  1  1 1 1	Lactose Free Milk/Acidophilus - 1 gal  Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz  Juice – as selected Cereal – 36 oz Beans – 1 lb dry
ITM	Infant Toddler, Milk (During month of first birthday)	001 101 228(b) 300 425 476	3 1 1 1 1 1	Milk - fl/dry/evap – 1 gal Cheese - 2 lb block Juice – as selected Cereal – 36 oz Beans – 1 lb dry Eggs - 2 doz
ITML	Infant Toddler, Milk - Low Lactose (In month of first birthday)	004  101 228(b) 300 425(a) 476	3  1 1 1 1 1	Lactose Free Milk/Acidophilus - 1 gal  Cheese - 2 lb block Juice – as selected Cereal – 36 oz Beans – 1 lb dry Eggs - 2 doz
IFH	Infant, Formula fed, <i>Homeless, (0-4 months)</i>	727(a)	4	Formula - 2 cans powdered Similac Advance
IFHC	Infant, Formula fed, <i>Homeless, Cereal</i>	727(a)  561	4  3	Formula - 2 cans powdered Similac Advance  Infant Cereal - Gerber Only
IFHJ	Infant, Formula fed, <i>Homeless, Cereal + Juice</i>	727(a)  561 265(b)	4  3 2	Formula - 2 cans powdered Similac Advance  Infant Cereal - Gerber Only Juice – as selected

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**CATEGORY: CHILD**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
CT	Child - Toddler (<36 Months)	001 900  228(b) 300 425(a)	1 1  1 1 1	Milk - fl/dry/evap – 1 gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
CTI	Child – Toddler (<36 Months), <i>Increased Food</i>	001 002 900  231(b) 300 425(a)	1 1 1  1 1 1	Milk - fl/dry/evap – 1 gal Milk - fl/dry/evap 1 _ gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
CTL	Child – Toddler (<36 Months), <i>Low Lactose</i>	004 901  228(b) 300 425(a)	1 1  1 1 1	Lactose Free Milk/Acidophilus - 1 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
CTIL	Child – Toddler (<36 Months), <i>Increased Food Low Lactose</i>	004 005 901  231(b) 300 425(a)	1 1 1  1 1 1	Lactose Free Milk/Acidophilus - 1 gal Lactose Free Milk/Acidophilus - 1 _ gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
CTM	Child-Toddler, Milk (<36 months)	001 101 228(b) 300 425(a) 476	3 1 1 1 1 1	Milk -fl/dry/evap –1 gal Cheese - 2 lb block Juice - as selected Cereal - 36 oz Beans - 1 lb dry Eggs - 2 doz
CTML	Child – Toddler, Milk Low Lactose (<36 months)	004 101 228(b) 300 425(a) 476	3 1 1 1 1 1	Lactose Free Milk/Acidophilus - 1 gal Cheese - 2 lb block Juice - as selected Cereal - 36 oz Beans - 1 lb dry Eggs - 2 doz

**FOOTNOTES:**

- Indicates the food item number for the “default” food or formula.
- Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
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CTH	Child – Toddler, <i>Homeless</i>	010 100 265(b) 300 402 428	6 2 6 1 1 2	Milk - fl/evap - _ gal Cheese - 1 lb block Juice - bottled, as selected Cereal - 36 oz Peanut Butter - 1 jar (18-24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz)
CP	Child - Pre-school Age (>36 Months)	001 002 900  231(b) 300 425(a)	1 1 1  1 1 1	Milk - fl/dry/evap - 1 gal Milk - fl/dry/evap- 1 _ gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
CPL	Child - Pre-school Age (>36 Months), <i>Low Lactose</i>	004 005 901  231(b) 300 425(a)	1 1 1  1 1 1	Lactose Free Milk/Acidophilus - 1 gal Lactose Free Milk/Acidophilus - 1 _ gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
CPH	Child – Preschool, <i>Homeless</i>	010 100 265(b) 300 402 428	9 2 6 1 1 2	Milk - fl/evap - _ gal Cheese - 1 lb block Juice - bottled, as selected Cereal - 36 oz Peanut Butter - 1 jar (18-24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz)
CFCS	Child, Needing Formula - Contract	228(b) 300 603(a) 604(a)	1 1 1 1	Juice - as selected Cereal - 36 oz Formula - 4 cans powdered Similac Advance Formula - 5 cans powdered Similac Advance

**FOOTNOTES:**

- Indicates the food item number for the “default” food or formula.
- Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

\*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)

**CATEGORY: CHILD**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
CFO	Child, Needing *FMC	231(b) 300	1 1	Juice - as selected Cereal - 36 oz Prescribed formula provided by <b>other</b> (i.e., Alimentum Advance) Rx Required. See list #4
CFS	Child, Needing *FMC	231(b) 300  Shipped to Local Agency	1 1	Juice - as selected Cereal - 36 oz.  Prescribed formula provided by <b>WIC</b> . Rx Required. See list #3
CFT	Child, Needing *FMC	231(b) 300 863(c)	1 1 1-8 (1 extra check)	Juice - as selected Cereal - 36 oz. Prescribed formula - as provided on <b>WIC Food Instruments</b> (i.e., Alimentum Advance) Rx Required. See List #5

**FOOTNOTES:**

- Indicates the food item number for the “**default**” food or formula.
- Indicates an **example** juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an **example** therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

\*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)